

MANORCARE HEALTH SERVICES

1335 SOUTH ONEIDA STREET

APPLETON 54915

Phone: (920) 731-6646

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 104

Total Licensed Bed Capacity (12/31/03): 104

Number of Residents on 12/31/03: 102

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 100

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		23.5
Supp. Home Care-Personal Care	No					1 - 4 Years		38.2
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	14.7	More Than 4 Years		20.6
Day Services	No	Mental Illness (Org./Psy)	14.7	65 - 74	11.8			----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	29.4			82.4
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	38.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.9	95 & Over	5.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	19.6	65 & Over	85.3	-----		
Transportation	No	Cerebrovascular	14.7		-----	RNs		7.8
Referral Service	No	Diabetes	4.9	Gender	%	LPNs		9.2
Other Services	No	Respiratory	5.9		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	33.3	Male	29.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	70.6			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	
Int. Skilled Care	0	0.0	0	1	2.0	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1
Skilled Care	11	100.0	303	44	89.8	111	20	100.0	123	20	100.0	162	0	0.0	0	2	100.0	258	97
Intermediate	---	---	---	4	8.2	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	11	100.0		49	100.0		20	100.0		20	100.0		0	0.0		2	100.0		102

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	3.5	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.4	Bathing	0.0	80.4	19.6	102
Other Nursing Homes	0.4	Dressing	9.8	77.5	12.7	102
Acute Care Hospitals	95.1	Transferring	18.6	63.7	17.6	102
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	13.7	63.7	22.5	102
Rehabilitation Hospitals	0.0	Eating	68.6	21.6	9.8	102
Other Locations	0.4	*****				
Total Number of Admissions	226	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	9.8		Receiving Respiratory Care	13.7
Private Home/No Home Health	32.9	Occ/Freq. Incontinent of Bladder	25.5		Receiving Tracheostomy Care	1.0
Private Home/With Home Health	0.9	Occ/Freq. Incontinent of Bowel	18.6		Receiving Suctioning	0.0
Other Nursing Homes	4.1				Receiving Ostomy Care	6.9
Acute Care Hospitals	32.9	Mobility			Receiving Tube Feeding	4.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.9		Receiving Mechanically Altered Diets	14.7
Rehabilitation Hospitals	0.0					
Other Locations	7.3	Skin Care			Other Resident Characteristics	
Deaths	21.9	With Pressure Sores	9.8		Have Advance Directives	40.2
Total Number of Discharges		With Rashes	1.0		Medications	
(Including Deaths)	219				Receiving Psychoactive Drugs	17.6

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.2	86.2	1.12	87.6	1.10	88.1	1.09	87.4	1.10
Current Residents from In-County	57.8	78.5	0.74	83.0	0.70	82.1	0.70	76.7	0.75
Admissions from In-County, Still Residing	11.1	17.5	0.63	19.7	0.56	20.1	0.55	19.6	0.56
Admissions/Average Daily Census	226.0	195.4	1.16	167.5	1.35	155.7	1.45	141.3	1.60
Discharges/Average Daily Census	219.0	193.0	1.13	166.1	1.32	155.1	1.41	142.5	1.54
Discharges To Private Residence/Average Daily Census	74.0	87.0	0.85	72.1	1.03	68.7	1.08	61.6	1.20
Residents Receiving Skilled Care	96.1	94.4	1.02	94.9	1.01	94.0	1.02	88.1	1.09
Residents Aged 65 and Older	85.3	92.3	0.92	91.4	0.93	92.0	0.93	87.8	0.97
Title 19 (Medicaid) Funded Residents	48.0	60.6	0.79	62.7	0.77	61.7	0.78	65.9	0.73
Private Pay Funded Residents	19.6	20.9	0.94	21.5	0.91	23.7	0.83	21.0	0.94
Developmentally Disabled Residents	2.0	0.8	2.44	0.8	2.56	1.1	1.77	6.5	0.30
Mentally Ill Residents	14.7	28.7	0.51	36.1	0.41	35.8	0.41	33.6	0.44
General Medical Service Residents	33.3	24.5	1.36	22.8	1.46	23.1	1.44	20.6	1.62
Impaired ADL (Mean)	47.5	49.1	0.97	50.0	0.95	49.5	0.96	49.4	0.96
Psychological Problems	17.6	54.2	0.33	56.8	0.31	58.2	0.30	57.4	0.31
Nursing Care Required (Mean)	6.5	6.8	0.96	7.1	0.92	6.9	0.94	7.3	0.89